Indiana First Steps
Quality Review
Record Audit - Annual Review

Child ID #: _____

Cluster: _____

Intake Coordinator: _____

Reviewer: _____

Please be sure to to completely darken the entire bubble using a #2 pencil.

Key: **Y** = Yes   **N** = No   **I** = Incomplete   **NA** = Not Applicable

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1. IFSP is completed prior to expiration?
   Y ⬭   N ⬭

2. Cost Participation income documented?
   Y ⬭   N ⬭   I ⬭

3. Insurance consent, supplemental form, and insurance card copy or Hoosier Healthwise card copy present?
   Y ⬭   N ⬭   I ⬭

4. Cost Participation acceptance form is signed and dated?
   Y ⬭   N ⬭

5. CRO1 release is signed and dated?
   Y ⬭   N ⬭

6. Parents rights/consent to proceed is signed and dated?
   Y ⬭   N ⬭

7. Reciprocal consents to share are present?
   Y ⬭   N ⬭

8. Eligibility form is complete?
   Y ⬭   N ⬭   I ⬭

9. Documentation supports eligibility?
   Y ⬭   N ⬭

10. 10 day WPN for IFSP meeting?
    Y ⬭   N ⬭   I ⬭

11. Transition checklist/outcomes are complete?
    Y ⬭   N ⬭   I ⬭

12. Service (at least 51%) are in natural environment?
    Y ⬭   N ⬭

13. If not, is justification complete?
    Y ⬭   N ⬭   I ⬭   NA ⬭

14. MD signature is on IFSP?
    Y ⬭   N ⬭   ⬭

15. All services continued and/or started within 30 days of IFSP date?
    Y ⬭   N ⬭   I ⬭

Form ID: IFS003

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COMMENTS

Must comment on all items scored 'No' or 'Incomplete'

Timeliness:

Cost Participation:

Consents:

Eligibility:

IFSP:

10 day WPN:

Summary of child performance:

Outcomes:

Service in Natural Environment:

If no, justification?

Transition outcome:

MD Signature:

Other notes: